

RECEIVED
CENTRAL FAX CENTER

APR 20 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740250-837
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p style="font-size: small; margin: 5px 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p> </div> <div style="width: 65%;"> <p style="margin: 0;">In re Application of: Koichi HASHIMOTO et al.</p> <hr/> <p style="margin: 0;">Application Number 09/821,095 Filed 03/30/01</p> <p style="margin: 0;">For IMAGE PROCESSING APPARATUS</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Group Art Unit 2625</div> <div style="width: 50%;">Examiner Dov Popovici</div> </div> </div> </div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: flex-end; align-items: flex-start; margin-top: 10px;"> <div style="width: 80%;"> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</p> </div> <div style="width: 15%; text-align: right;"> <p>\$120.00</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p><i>Sean A. Pryor</i></p> <p>Signature</p> </div> <div style="width: 45%; text-align: center;"> <p>April 20, 2007</p> <p>Date</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p>S Sean A. Pryor</p> <p>Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>202-585-8000</p> <p>Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

10527782.1

04/23/2007 EAYALEW1 00000035 192360 09021095

01 FC:1251 120.00 DA